

# EXHIBIT D

**UNITED STATES DISTRICT COURT  
FOR THE  
DISTRICT OF MASSACHUSETTS**

**Terri Pechner-James and  
Sonia Fernandez,  
Plaintiffs,**

**v.**

**City of Revere, et, al  
Defendants.**

**C.A. # 03-1249 MLW**

**DEFENDANTS BERNARD FOSTER, SALVATORE SANTORO,  
ROY COLANNINO, FREDERICK ROLAND, THOMAS DOHERTY,  
JOHN NELSON, JAMES RUSSO, MICHAEL MURPHY AND STEVEN FORD'S  
FIRST SET OF INTERROGATORIES TO PLAINTIFF TERRI PECHNER-JAMES**

**Now come the Defendants Bernard Foster, Salvatore Santoro, Roy Colannino, Frederick Roland, Thomas Doherty, John Nelson, James Russo, Michael Murphy and Steven Ford, and propound the following interrogatories to the plaintiff, Terri Pechner-James, incorporating herein the Uniform Definitions contained in Local Rule 26.5 for the District of Massachusetts:**

1. Please state your name, age, address, social security number, present occupation and business address, and occupation and business address at the time of the incident referred to in your complaint.
2. Please state the name and address of each high school, institution of higher learning, or training course which you have attended, the dates you attended and the degree of certification that you received, including, but not limited to, all courses, programs, classes, and seminars involving police work and/or law enforcement.
3. State with specificity the dates, times, places, actions and/or behavior of the alleged incidents in your Verified Complaint in which you were allegedly injured for each of the following individual defendants:
  - a. Bernard Foster
  - b. Salvatore Santoro
  - c. Roy Colannino
  - d. Frederick Roland
  - e. Thomas Doherty

- f. John Nelson
- g. James Russo
- h. Michael Murphy
- i. Steven Ford

4. State with specificity the dates, times and places of the incidents in your Verified Complaint in which you were allegedly injured by each of the nine individual defendants.
5. State the name, telephone number, and present address of each person having personal knowledge of or who was a witness to any of the facts, events, occurrences and allegations contained in the Verified Complaint.
6. As to each person identified in your answer to Interrogatory 5 above, please state in full and complete detail:
  - a. the facts, events, or incidents described in your Verified Complaint of which said person has knowledge or claims to have knowledge; and
  - b. your understanding of what each person knows, saw, or observed with respect to the facts, events, or incidents alleged in your Amended Complaint.
7. Please state the names of each and every female employee of the Revere Police Department that you allege in your Verified Complaint to have similarly suffered from the allegedly hostile work environment, describing the alleged wrongful action.
8. Please describe the nature and extent of the medical, hospital, psychiatric, psychological, chiropractic, physical therapy, and other health care treatment which you claim you received as the result of the alleged occurrences reference in your Verified Complaint, stating in each case the dates thereof and the names and addresses of the health care vendors and institutions involved; the name and address of each attending and consulting physician; the date and inclusive dates on which each of them rendered services; the amounts to date of their respective bills for services; and the exact treatment that you receive from each of them.
9. Please describe fully and in complete detail all injuries, ailments, or pains which you claim to have suffered as a result of the alleged incident referred to in your complaint.
10. As a result of the alleged incidents, please state how long and between what dates you were partially and/or wholly incapacitated from work or other normal activities, giving particulars in which you were so incapacitated.
11. If you claim that you are presently unable to work, please state why you are not able to work in detail, and include the names and addresses of all health care providers with whom you visited in connection with such claim, the date of each visit for treatment with each provider, each such provider's diagnoses of your condition, and state whether you continue to receive treatment from any or all of the identified providers.

12. If you missed any time from work or school as a result of this incident, please state the period during which you were unable to attend work or go to school, the name and address of your employer and or school, your average weekly wage, and the amount of claimed lost wages, and your course of study at said school.

13. Please state whether you are now suffering any injury as a result of the alleged incidents referenced in your Verified Complaint and whether you suffered any permanent injury as a result of said incidents and, if so, describe in detail.

14. Please state in itemized form all expenses or damages suffered by you or incurred by anyone on your behalf as a result of the incident alleged in your complaint.

15. Please state whether you, your attorney, or other agent has received a written statement, signed or unsigned, from any person relating or referring to the facts, events or incidents referred to in your Verified Complaint, and if so, please identify from whom the statement was received; the date of the statement; who took such statement; and whether it was signed by the person.

16. Please state the name and address of all of the employers you have had for the ten years prior to the present time, indicating the duration of such employment and what your job title and duties were for each such employer.

17. Please describe fully and in complete detail any illness, injuries, diseases, defects or operations which you may have had or suffered from:

- a. within five years prior to the time of the incidents alleged in your complaint, setting forth the date and specifics of each incident; and
- b. at any time after the aforesaid incidents not caused by or arising from the allegations in your complaint, set forth the date and specific of each incident.

18. Please describe every occasion while employed as a Revere police officer when, by your supervisor(s), you have been reprimanded, disciplined, suspended, written up, or otherwise criticized for you conduct as a police officer including a complete description of the conduct so challenged.

19. Describe in complete detail what you allege was Lieutenant Foster's "punishment program" or walking detail (including dates of such assignments) and how it deprived you of full participation in the work of the Revere Police Department.

20. Please describe fully and in complete detail any and all damages that you claim to have suffered as a result of the alleged incidents referred to in your complaint.

21. Have you recovered any money from any other person, firm or corporation not named as a defendant in this case; or from any third party source whatsoever, including from any worker's compensation carrier, for your injuries and/or damages and, if so, please state how much money has been recovered, when it was recovered, and from whom.

22. State the name address, telephone number and relationship to you of each person who prepared or assisted in the preparation of the responses to these Interrogatories.

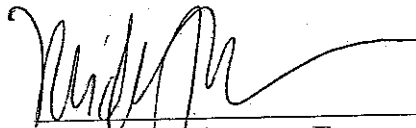
23. Please state in full and complete detail each and every fact upon which you rely on to support your claim, contained in Count 1 of your Verified Complaint, that the above named Defendants created a "Hostile Work Environment or Sexually Harassed" plaintiff.

24. Please state in full and complete detail each and every fact upon which you rely to support your claim, contained in Count 2 of your Verified Complaint, that the above named Defendants caused the plaintiff's constructive discharge in violation of M.G.L.c. 151 § 4(1) and 42 U.S.C. § 2000(e)-2.

25. Please state in full and complete detail each and every fact upon which you rely to support your claim, contained in Count 3 of your Verified Complaint, that the above named Defendants barred the plaintiff from full participation in the compensation, the terms, the conditions and the privileges of employment in violation of M.G.L.c. 151 § 1 & (1)(2) and 42 U.S.C. § 2000(e)-2.

26. Please state in full and complete detail each and every fact upon which you rely to support your claim, contained in Count 4 of your Verified Complaint, that the above named Defendants conduct was extreme and outrageous that it shocks the conscience and violates the law and in continuous violation of M.G.L.c. 151B § 4A and 42 U.S.C. § 2000(e)-2.

The defendants  
by their attorney,



Michael J. Akerson, Esq.  
REARDON, JOYCE AND AKERSON, P.C.  
397 Grove Street  
Worcester, MA 01605  
(508) 754-7285  
BBO #: 558565

**CERTIFICATE OF SERVICE**

I, Michael J. Akerson, hereby certify that I have on this 17<sup>th</sup> day of February, 2005, mailed a copy of the enclosed **DEFENDANTS BERNARD FOSTER, SALVATORE SANTORO, ROY COLANNINO, FREDERICK ROLAND, THOMAS DOHERTY, JOHN NELSON, JAMES RUSSO, MICHAEL MURPHY AND STEVEN FORD'S FIRST SET OF INTERROGATORIES TO PLAINTIFF TERRI PECHNER-JAMES**, by first class, postage prepaid to:

James S. Dilday, Esq.  
Carlton J. Dasent, Esq.  
27 School Street, Suite 400  
Boston, MA 02108

Paul Capizzi, Esq.  
City Solicitor  
Revere City Hall  
281 Broadway  
Revere, MA 02151

By: 

Michael J. Akerson